

B. OTHER STAFF

S. No.	Post	Sanctioned Strength	Staff in Position (numbers)			Positions vacant	Staff working on ad-hoc/ contract/ outsourcing basis	
			Male	Female	Total		Against regular post	Against vacancies

8. CAPACITY AND NUMBER OF INMATES PRESENTLY LODGED IN PRISON

Barrack No.	Actual Capacity of Each Barrack		Area of Each Barrack	No. of actual inmates	
	Male	Female		Male	Female
Barrack No.1					
Barrack No.2					
Barrack No.3					
Barrack No.4					
Barrack No.5					
Barrack No.6					

9. HEALTH CARE FACILITIES:

Medical facilities	No. of personnel			Duration of availability		
	Sanctioned	In-position	Vacancies	Full Time (Residential)	Full Time (Clinic Timing)	Visiting Basis (frequency of visit)
GDMOs						
Specialists						
Nursing Staff						

10. SOURCES OF ENERGY

Source	Percentage of total requirement met	Availability in terms of hours	Quality (Regular/ Erratic supply)	Remarks
Electricity				
Solar				
Wind				
Other				

11. WASTE DISPOSAL

Specification	Percentage of total waste disposed	Segregated/ Not segregated	Remarks
Hauled off site			
Burned			
Buried			
Composted			
Heaped			
Recycled			

PART -II : INFORMATION PERTAINING TO FEMALE INMATES ONLY

[To be filled in by Jail Authorities and verified by Inspecting Team]

12. PARTICULARS OF PRESENT INCHARGE, FEMALE WARD/PRISON(S):

NAME: _____
DESIGNATION: _____
DATE OF POSTING: _____

13. DETAILS OF LADY WARDENS/MATRONS POSTED IN FEMALE WARD:

S.No.	Name of Lady Warden/Matron	Duty Hours

14. BARRACK/DORMITORY/ROOM/CELL

No. of unit earmarked for women	Area of each unit (sq. ft)	Capacity of each ward	Actual accommodation in each unit
Barracks			
1			
2			
3			
4			
5			

15. SLEEPING ARRANGEMENTS

Type	Numbers		Condition				Remarks
	Available	Occupied	Authorized space per person	Space available per person	Quality*	Ease of access**	
Single bed/ berth							
Raised Platforms/ berth							
On the floor							
Any other (specify)							

16. YARDS AVAILABLE

Specification of yard	Usage/ activity	Whether exclusively meant for female inmates	Area		Sufficiency of space in terms of usage	Condition*
			Covered	Open		
Yard 1						
Yard 2						
Yard 3						

* Good/average/poor in terms of hygiene/cleanliness/sunlight/moving space

17. PRISON KITCHEN GARDEN

Specification	Area	Cultivation details	Condition/Remarks
Garden 1			
Garden 2			
Garden 3			
Garden 4			

18. TOILETS/BATHROOMS

Specification	No. of toilet seats	Area for each seat	No. of inmates/seat	Sanitary provisions (Nos.)		Provision for Water			
				Wash-basin	Shower	Availability		Hot water Availability (Y/N)	Provision for storage of water
						24*7	Timely Supply (specify hours)		
Toilet 1									
Toilet 2									
Toilet 3									
Bath 1									
Bath 2									
Bath 3									

19. SEWAGE SYSTEM

Type	Functional status*				Condition /Remarks
	Covered	Not covered	Smooth	Choked / over flowing	
Connected to Public Sewage System					
Septic tank					
On-site sewage treatment plant					
Pit Toilets					

20. KITCHEN/COOKING SPACE

i. Whether a separate kitchen/ Pantry available in Female ward (Yes/ No):

ii. Area specified:

iii. Provisions available:

Particulars	Available	Not Available
Gas burner		
Refrigerator		
Storage		
Drinking Water		

iv. If combined kitchen, details thereof-

Particulars	Available/ Not available	Adequate/ Inadequate	Condition/Remarks
Ventilation			
Cold Storage			
Freezer Storage			
Dry Food Storage			
Water availability for washing/ cleaning			
Safe drinking water			
Fuel availability (piped/cylinder gas/others)			
Kitchen Drainage			
Toilets for kitchen staff			

21. KITCHEN STAFF

Sanctioned strength	Staff in position	No. of jail inmates working in kitchen	Whether Jail inmates are paid	Rates of payment to inmates

22. FACILITY FOR VISITORS

Specification	Yes/No
Specified common enclosure	
Specified exclusive enclosure with privacy	
Specified Outdoor area	
Non-contact facility	
Visiting hours specified	

23. COMMON AREAS

Specification	Available/ Not Available	Area
Class room		
Workshop/Vocational Training Centre		
Library		
Recreation room		
Indoor sports facility		
Space for yoga/ meditation		
Prayer room		
Creche		
School		
Outdoor play grounds		

24. OVERALL HYGIENE IN WARDS

Specification	REMARKS (severity)
Mosquitoes	
Insects	
Rats/mice	

Dust/Mud	
Stagnant water	

25. ESCAPES AND VIOLENCE

Escapes during last three calendar years		Attempted escapes		Violence	
YEAR*	Nos.	YEAR*	Nos.	YEAR*	Nos.
1		1		1	
2		2		2	
3		3		3	

* 1- current year; 2- previous year; 3- previous to previous year

26. STRUCTURAL CONDITION

Specification	Condition*	Remarks
Walls and foundations		
Paint/Plaster on walls		
Cracks on		
walls/seepage/Wobbly		
Roof condition		
Floor condition		

* Good/average/poor in terms of construction and maintenance

PART III: DETAILS OF FEMALE INMATES

[To be filled in by Jail Authorities and verified by Inspecting Team]

27. CATEGORY OF FEMALE INMATES

Category	Number
Under trial	
Convicts	
Detenues	
On Parole	
Total	

28. PERIOD OF DETENTION OF UNDERTRIALS

Nature of offence	Period spent in jail					
	0-1 yr	1-2 yrs	2-5 yrs	Above 5 yrs	Reason for stay beyond 2 years for each case	Whether Bail applied u/s 437 (1) (ii) of Cr.Pc.
Dowry/Domestic Violence						
Murder						
Abduction/Kidnapping						
Theft/Robbery						
Offences under the Immoral Traffic Prevention Act, 1986						
Offences under the NDPS Act						
Offences under the POCSO Act, 2012						
Pick pocketing						
Other IPC Crimes						
Other criminal offences						
Total						

29. PERIOD OF DETENTION OF CONVICTED FEMALES

S.No.	Name of the Convicted Prisoner	Crime for which Convicted	Period of Conviction	Maximum period of incarceration for the crime	Period of stay in Prison
1.					
2.					
3.					
4.					
5.					
6.					

(List may be attached)

30. NATIONALITY

Nationality	Indian (Other than NRI)	NRI	Foreigner	Total
Nos.				

31. AGE PROFILE

Age Group	18-34	35-44	45-59	Above 60
Nos.				

32. MATIRAL STATUS

Status	Unmarried	Married	Divorced	Others
Nos.				

33. EDUCATIONAL PROFILE

Education	Illiterate	Can read/write	Primary	Middle	Secondary	Higher Secondary	Graduate & higher
Nos.							

34. FEMALE INMATES WITH MEDICAL CONDITION(S)

- i. Medical examination conducted on Initial entry (Yes/No):
- ii. Preparation and Maintenance of Health Card (Yes/No):
- iii. Frequency of Medical Examination of Female inmates:
- iv. Provision for special food for Sick/ Pregnant inmates:
- v. Whether in-house lab facility available (Yes/No):
- vi. Whether Private Laboratories recognized for testing (Yes/No):
- vii. Whether medicines are provided through the Prison pharmacy (Yes/No):

35. FACILITIES FOR CHILDREN STAYING WITH WOMEN INMATES

No. of children	Less than one year	Between 1-2 years	2 Yrs and above	Creche facilities [A/N]	Pre-school Facilities [A/N]

36. Vaccinations administered during last one year

Period	Name of vaccinations given	No. of children covered	No. of women covered

37. PROVISION OF HEALTH-CARE PROFESSIONALS FOR FEMALE SPECIFIC NEEDS

Category	Available	
	Within Prison (specify number/ days)	On referral basis (Govt. or Private empanelled)
Gynaecologists		
Psychiatrists		
Social Workers/Psychiatric Social Workers		
Female nurses		
Psychologists		
Emergency medical health facility		

38. SUPPLY OF TOILETRIES TO INMATES

Item	Prescribed	
	Quantity	Frequency
Soap		
Shampoo		
Tooth Paste		
Brush		
Sanitary Pads		
Comb		
Mirror		
Basic Cosmetics		

39. SKILL DEVELOPMENT

Programme	Duration and Capacity of each batch	In-house/ Organization providing the training	Certification Agency	Number of inmates trained (last 01 year)

40. CIVIL SOCIETY/NGOs ENGAGEMENT

S.No.	Name of the organization	Services provided	Duration	Schedule

PART IV

DETAILS OF MAJOR FINDINGS OF INSPECTION BY OTHER BODIES SUCH AS JUDICIAL, EXECUTIVE, HEALTH AUTHORITIES, NATIONAL HUMAN RIGHTS COMMISSION, STATE COMMISSION FOR WOMEN

Name Authority	Date of Inspection/visit	Major Observations/ recommendations	Action taken



